REMARKS/ARGUMENTS

This amendment is in response to both the final Office Action of November 4, 2005, *and* the Advisory Action mailed April 12, 2006. Applicants filed a 116 amendment on March 6, 2006. In the Advisory Action mailed April 12, 2006, the Examiner indicated that the 116 amendment was not entered since "the proposed amendment of claims 11 and 20 make them identical word for word along with their dependent claims." See "Note" on Continuation Sheet (page 2) of Advisory Action. Therefore, Applicants specifically request that the 116 amendment previously filed on March 6, 2006, *not* be entered into the present application since the present amendment is identical to the previously submitted 116 amendment *except for the additional cancellation of claims 20-28.*

In the Final Office Action of November 4, 2005, Claims 11-28 remained rejected under 35 U.S.C.§ 112, first paragraph, as allegedly directed to non-enabled subject matter. The position of the Examiner is that the specification enables the treatment of neointimal proliferation and thickening and/or restenosis and/or vascular occlusion following vascular injury as well as treatment of chronic rejection in a recipient of organ or tissue transplant or acute chronic rejection in a recipient of organ or tissue xenograft transplant, via administration of 40-O-(2-hydroxy)ethyl-rapamycin and a second agent. According to the Examiner, however, the specification does not reasonably provide enablement for the prevention of these same conditions.

In order to advance prosecution of this application, Applicants have replaced the word "preventing" with the word "inhibiting" in claims 11 and 20 as the Examiner has recommended on page 4 of the Office Action. Applicants reserve the right to pursue the subject matter deleted from claims 11 and 20 in one or more continuation applications. Support for this amendment may be found throughout the specification, e.g., pages 8-9

of the specification, where it is demonstrated that the compounds of formula I, significantly inhibit graft infiltration and neointima formation in animals receiving an aorta transplant. In view of the amendments to claims 11 and 20, withdrawal of the rejection of claims 11-28 under the enablement provision of 35 U.S.C.§ 112, first paragraph is warranted.

In the final Office Action of November 4, 2005, Claims 11-28 also remained rejected under 35 U.S.C §103(a). On page 2 of the Office Action, the Examiner has indicated that the rejection under 35 U.S.C. §103(a) as set forth in the previous office action dated March 7, 2005, has been withdrawn, as pertains to preventing or treating neointimal proliferation and thickening and/or restenosis and/or vascular occlusion for vascular injury with 40-O-(2-hydroxy)ethyl-rapamycin with an effective amount of a second ingredient. In order to advance prosecution of this application, Applicants have deleted from claim 11 the recitation: "manifestations of chronic rejection in a recipient of organ or tissue transplant, or acute or chronic rejection in a recipient of organ or tissue xenograft transplant." Applicants reserve the right to file one or more continuation applications directed to the subject matter deleted from claim 11. Accordingly, withdrawal of the rejection of claims 11-28 under 35 U.S.C. §103(a) is respectfully requested.

Finally, the 116 amendment previously submitted was not entered by the Examiner due to duplicate claims. By this amendment, claims 20-28, which are duplicative of claims 11-19, are presently canceled from the application without prejudice.

In view of the foregoing remarks and amendments, it is firmly believed that the subject case is in condition for allowance, which action is earnestly solicited.

Respectfully submitted,

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